EXHIBIT C

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IN RE:	:SUPERIOR COURT OF
PELVIC MESH/GYNECARE	:NEW JERSEY
LITIGATION	:LAW DIVISION -
	:ATLANTIC COUNTY
	:
	:MASTER CASE 6341-10
	:
	:CASE NO. 291 CT

CONFIDENTIAL-SUBJECT TO STIPULATION AND ORDER OF CONFIDENTIALITY

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September 12, 2012

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Volume I of the transcript of the Deposition of CHARLOTTE OWENS, M.D., called for Videotaped Examination in the above-captioned matter, said deposition taken pursuant to Superior Court Rules of Practice and Procedure, by and before JoRita B. Meyer, a Certified Realtime Reporter, Registered Merit Reporter, and Certified Court Reporter for the State of Georgia, at the offices of Troutman Sanders, 600 Peachtree Street Northeast, Atlanta, Georgia, commencing at 9:39 a.m.

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little bit before we talk about some specific facts.

Okay?

A. Okay.

Q. Let's start with my understanding from the CV as to your medical education. You went to University of Michigan Medical School, correct?

A. Correct.

Q. You then did your internship and residency at Henry Ford Health System in the department of obstetrics and gynecology, correct?

A. Correct.

Q. And that's affiliated with the University of Michigan?

A. At the time it was. It no longer is a direct affiliation.

Q. After you -- well, rephrase.

It says that your residency ended in July of 1999; is that correct?

A. Correct.

Q. And when you finished your residency, it looks to me like you went into clinical practice in Florida. Is that accurate?

A. Yes.

Q. So from 1999 to 2003, you had the general OB-GYN practice that you described to me earlier, correct?

A. Correct.

Q. And in terms of the types of pelvic floor repairs that you performed, was that consistent between 1999 and 2003?

A. Yes.

Q. Between 1999 and 2003, other than utilizing Marlex mesh to augment pelvic floor repairs, did you use any other specific mesh products that you can recall as you sit here now?

A. I'm sure I -- I'm sure we did, but, again, I can't recall the names at this time.

Q. According to your CV, in 2003 you became Worldwide Medical Director at Gynecare; is that correct?

A. Yes, it is.

Q. And what was it that led you to go to work at Gynecare as Worldwide Medical Director in 2003?

A. During the time of my clinical practice, I became a speak -- on the speaker

MS. KABBASH: Okay.

THE VIDEOGRAPHER: Going off video record, 9:54 a.m.

(Recess)

THE VIDEOGRAPHER: And we're back on video record at 10:02 a.m.

BY MR. SLATER:

Q. Dr. Owens, you went to work at Gynecare in 2003, and you stayed at Gynecare until 2005, correct?

A. Correct.

Q. Can you give me more specific dates, even if it's just months, within those years that you started and finished?

A. I remember it was summertime of 2003, and I left late August of 2005.

Q. According to your CV, when you left Gynecare, you went to work at Kimberly-Clark Corporation as Director of Global Clinical Affairs; is that correct?

A. Correct.

Q. In very, very general, simple terms what was your position? What did that entail at Kimberly-Clark?

A. I was responsible for the clinical

I also did some work for the state of Florida, where I reviewed potential cases that were coming against other physicians on behalf of the state.

Q. That would be in connection with medical malpractice cases, correct?

A. Correct.

Q. When you -- when you were on the speaker advisory board at Johnson & Johnson before you joined Gynecare, what types of technologies or products were you consulting with regard to?

A. I spoke about their oral contraceptives and they had a hormone replacement therapy line that I also spoke about and I was also a consultant for Ortho Evra, the birth control patch.

Q. Before you went to work at Gynecare, would it be fair to say that you didn't consider yourself to be an expert with regard to the use of mesh to treat pelvic floor prolapse?

A. I considered myself to be competent but I was not a urogynecologist and so I didn't routinely, you know, have that focus as the

mainstay of my practice, no.

Q. And before you joined Gynecare, when you performed pelvic floor repairs on your own, as you told me a little earlier, those would have been native tissue repairs, correct?

A. Predominantly native tissue repairs --

Q. Okay.

A. -- yes.

Q. Well, you said that when you would use any sort of a mesh to augment, you would do that in conjunction with one of your partners --

A. Sure.

Q. -- who you said had a lot of experience using that type of material, correct?

A. Correct.

Q. Okay. When you went to work at Gynecare -- well, let me -- let me take a step back.

How is it that you went to -- actually -- well, rephrase.

How did you end up getting that job? You said that you had worked on the speaker

Before you went to work at Gynecare, you didn't have any knowledge with regard to the specific physical characteristics of the actual Gynemesh material, correct?

A. Correct.

Q. You relied on other people within the company as well as potentially others outside the company who consulted to give you information about that, correct?

A. That, plus they had some -- some data that they had generated, both in what we'll call preclinical or animal studies, and had also did some R&D analysis of it.

So, you know, I want to make sure that it's not like people just tell me and you believe it, that we actually do review information independently in order to make our own final opinion.

Q. Okay. As you -- well, rephrase.

As time went forward, after you started at Gynecare and Project d'Art was going forward, the feasibility of that project was assessed routinely, correct?

A. Correct.

Q. In evaluating the feasibility of

education package; so this would be one of the things that they would look to, yes.

Q. Do you understand the significance under FDA regulations of the IFU being the primary label for the PROLIFT?

A. I understand the FDA regulations around the document. I also understand the way that physicians are trained and operate.

MR. SLATER: Move to strike from "I also" forward.

BY MR. SLATER:

Q. What's your understanding as to the significance of the IFU being the primary label for the PROLIFT from FDA regulatory standpoint?

A. That the agency sees this as the document that they review as a part of the packaging for our materials. So it should contain the relevant indications, description, and -- and other pertinent information as prescribed by the regulations.

Q. That would also include all necessary contraindications, warnings and precautions, and adverse reactions, correct?

A. It would include warnings, precautions, contraindications, adverse

reactions, sterility, disposal, storage, et cetera.

Q. You have understood that all of the information in the IFU needed to be accurate, correct?

A. Yes.

Q. You understood that physicians were going to rely on the IFU in making decisions about whether or not to use the PROLIFT in treating patients, correct?

MR. BROWN: Objection.

THE WITNESS: Physicians will not rely solely on the IFU for making their decisions. Physicians will use the IFU to help inform them, but they will also use other information.

BY MR. SLATER:

Q. You understood physicians would rely, at least in part, on the PROLIFT IFU in making decisions about whether they wanted to use that product, that medical device, that system, in their patients, correct?

MR. BROWN: Objection.

THE WITNESS: Physicians will use this document and other documents to